



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123

**SwRI AIRBAG DEPLOYMENT INVESTIGATION  
FULL SCOPE**

**CASE NO. 9002AB**

**FINAL REPORT**

SwRI Project 06-1977  
DTNH 22-87-C-37169

*Prepared by:*

[REDACTED]

*Prepared for:*

U.S. Department of Transportation  
National Highway Traffic Safety Admin.

[REDACTED]  
September, 1989

## **DISCLAIMERS**

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points are coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

**SwRI AIRBAG DEPLOYMENT INVESTIGATION  
FULL SCOPE**

**CASE NO. 9002AB**

[REDACTED] Texas  
[REDACTED], 1990

**SUMMARY**

On [REDACTED], at approximately 0920 hours, a 1990 Mercury Grand Marquis, equipped with a driver side airbag, was northbound on a urban freeway in [REDACTED], Texas. The vehicle was traveling in the left lane at a driver estimated speed of 45 mph when the driver noted that traffic was stopped ahead of her. She steered to the right and applied the brakes, causing the Marquis to slide sideways, left side leading, into the rear of the 1989 Chevrolet Beretta. The impact deployed the airbag and the Mercury came to rest perpendicular to the original direction of travel, across both travel lanes of the freeway. The Beretta was knocked forward and to the left by the impact, into a median barrier, and came to rest approximately 20 ft. north of the point of impact, facing in the original direction of travel.

The accident occurred in the left northbound lane of a four lane divided urban freeway in a mixed commercial and residential area. The roadway surface was polished portland cement concrete which was dry. Ambient conditions were clear skies with an approximate temperature of 85 degrees F.

The 1990 Mercury Marquis was a four door sedan, equipped with a factory installed driver side airbag system. The Mercury sustained moderate left side damage to the left rear door and frame with a repair estimate of \$7365.18. The vehicle was towed from the scene to a local body shop.

The 1989 Chevrolet Beretta was a two door coupe equipped with lap and torso restraints in the front left and right seating positions and lap belts in the rear seat positions. It sustained severe damage to the back right of the vehicle and was determined not repairable by the insurance company. It also was towed from the scene to a local body shop.

The driver of the Mercury was a sixty-one year old woman who was wearing the available lap and torso restraint and was restrained by the deploying airbag. She sustained two fractures of her right forearm, and abrasions of her right forearm. She drove herself to a local hospital, approximately three hours after the accident, where she was treated and released.

The driver of the Beretta was a twenty-four year old woman who was wearing the available lap and torso restraint. According tot the police report, she was not injured in the accident.

The [REDACTED] were notified of the accident, made the scene and completed an accident report. EMS was summoned to the scene and provided first aid but did not transport any of the victims.

**SwRI AIRBAG DEPLOYMENT INVESTIGATION  
FULL SCOPE**

**CASE NO. 9002AB**

**[REDACTED], Texas**

**FINAL REPORT**

**ACCIDENT DATA**

Location: [REDACTED] Texas

Area/Type: Urban/Commercial and residential

Accident Date/Time: [REDACTED] 990

Investigating Police Agency: [REDACTED] Police Department

Notification Date: [REDACTED] 990

Accident Type: Vehicle to vehicle/Angle

Airbag Vehicle Occupant Injury Severity: Moderate (AIS 2)

**AMBIENCE**

Light Conditions: Daylight

Weather: Clear

Precipitation: None

Road Surface: Dry

Temperature: 85 degrees F

**TRAFFICWAY**

	<b>Airbag Vehicle</b>	<b>Vehicle #2</b>
Location:	Urban freeway	Urban freeway
Number of Lanes:	4	4

**TRAFFICWAY (CONT)**

	<b>Airbag Vehicle</b>	<b>Vehicle #2</b>
Surface:	Portland cement concrete	Portland cement concrete
Coefficient of Friction:	.65	.65
Roadway Edge:	Curbed, paved shoulder	Curbed, paved shoulder
Roadway Alignment:	Straight, downgrade	Straight, downgrade
Traffic Density:	Heavy	Heavy

**TRAFFIC CONTROLS**

Signals:	None	None
Signs:	None	None
Markings:	Lane and edge lines	Lane and edge lines
Speed Limit:	40 mph	40 mph

**VEHICLES**

Year:	1990	1989
Make:	Mercury	Chevrolet
Model:	Grand Marquis	Beretta
Body Style:	Four door sedan	Two door coupe
VIN:	2MECM75F2LX [REDACTED]	1G1LV14W4KE [REDACTED]
Color:	Metallic beige	Black
Fleet:	Private	Private
Tow Status:	Towed due to damage	Towed due to damage
Reported Defects:	Airbag did not deploy, according to driver	None
Previous Repair:	None	None

**VEHICLES (CONT)**

	<b>Airbag Vehicle</b>	<b>Vehicle #2</b>
Odometer Mileage:	9571	Unknown
Securiflex Windshield:	Not equipped	Not equipped
Engine:	5.0L/V8 EFI	2.0L/L4
Windshield Damage/Source:	None/Inspection	None/Inspection
Transmission:	Automatic	Automatic
Steering:	Power assisted	Power assisted
Brakes:	Power assisted	Power assisted
Interior Padding:	Padded steering wheel rim and airbag module, upper and lower instrument panel, armrest, door surface, A-pillar and sun visors	Padded steering wheel rim and hub, upper and lower instrument panel, armrest, door surface, A-pillar, sun visors, and head restraint
Active Restraints:	Lap and torso in front and rear outboard positions, lap only in front and rear center seats	Lap and torso in front outboard positions, lap only in the two rear seat positions
Passive Restraints:	Factory installed driver side airbag system	None

**VEHICLE DAMAGE*****Exterior***

	<b>Airbag Vehicle</b>	<b>Vehicle #2</b>
Object Struck:	1989 Chevrolet	1990 Mercury
Accident Event Number:	1	1
Damage Location:	Left side	Back
CDC:	11LPAW4	06BDEW5
Damage Description:	Moderate damage to the left rear door, upper and lower C-pillar area and left rear wheel	Severe damage to the rear bumper, trunk deck, right rear fender, backlight and right rear wheel



### **VEHICLE DAMAGE (CONT)**

<i>Interior</i>	<b>Airbag Vehicle</b>	<b>Vehicle #2</b>
Damage:	Left rear door surface, left side of rear seat and upper C-pillar	None
Repair Cost:	\$7365.18	Totalled

### **VEHICLE VELOCITY ESTIMATES**

Travel Speed:	35 mph	Stopped
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#### **Reconstruction Algorithm**

Total:	12.9 mph	18.6 mph
Longitudinal:	-9.9 mph	18.3 mph
Lateral:	8.3 mph	3.2 mph
Energy Dissipated:	15185.0 ft-lb	56740.4 ft-lb

### **COLLISION SEQUENCE**

Pre-Crash:	The 1990 Mercury was northbound in the left lane at a driver estimated speed of 35 mph. The Mercury crested a small rise on an approach to an underpass when the driver noticed that all traffic had come to a stop. She steered to the right and applied full braking, causing the vehicle to skid, rotating clockwise and sideslip. The Chevrolet was stopped in traffic in the left lane and the driver was unaware of the approach of the Mercury.
Crash:	The left side of the Mercury struck the right side of the rear bumper of the Chevrolet. This stabilized the rotation of the Mercury and it skidded laterally to final rest. The impact to the rear of the Chevrolet drove it forward and to the left into a median barrier causing minor damage to the left front of the vehicle.
Post-Crash:	The Mercury came to rest facing east, approximately 90 degrees to its original path of travel. It was approximately 6-8 feet north of the point of impact straddling both northbound travel lanes. The Chevrolet came to rest in the left travel lane still facing in its original direction of travel.

Driver Activities:	The driver of the airbag vehicle remained in her seat for a few moments, then exited through the driver door. She noticed no smokiness or dustiness.
Police Activities:	The police were notified and arrived at the scene approximately 13 minutes after the accident occurred.
Rescue Activities:	EMS was notified and responded, arriving at the scene and providing first aid. The driver of the airbag vehicle refused transport.
Treatment Facilities:	The driver of the airbag vehicle drove herself to a [REDACTED] approximately three hours after the accident.
Scene Clearance:	The scene was cleared approximately one hour later when both vehicles were removed by wreckers

#### **HUMAN FACTORS/OCCUPANT DATA - AIRBAG VEHICLE**

##### **Driver**

Age:	61 years old
Sex:	Female
Height:	62 inches
Weight:	123 lb
Occupation:	Instructor assistant
Active Restraint Usage:	Lap and torso belt
Source of Usage:	Inspection, driver interview
Eyeglasses:	None
Driver Experience:	46 years
Driver Education:	None
Vehicle Familiarity:	Daily use

## **HUMAN FACTORS/OCCUPANT DATA (CONT) - AIRBAG VEHICLE**

### **Driver**

Previous Accidents: None

Previous Violations: 1, speeding

Trip Plan: On her way to work

Route Familiarity: Travelled daily

Type of Medical Treatment: Treated and released at a local  
[REDACTED]

<b>Injury</b>	<b>Severity (AIS)</b>	<b>Source</b>
Fracture of the right distal radius	Moderate (AIS 2)	Steering wheel rim
Fracture of the right proximal ulna	Moderate (AIS 2)	Airbag module cover/Airbag
6 cm abrasion of the right elbow	Minor (AIS 1)	Airbag module cover/Airbag

### **DRIVER KINEMATICS**

The driver was seated in a normal, upright posture with her hands placed at the ten and two o'clock positions on the steering wheel. As she completed her avoidance maneuvers of steering right and full braking, her upper body leaned to the left restrained by the torso belt. At this time her left hand was in the two to three o'clock position on the steering wheel rim and her right hand was reaching for the steering wheel rim at the ten o'clock position, i.e. her forearms were crossed over the steering wheel with her right forearm under her left. The impact occurred at about this time, causing her right hand and forearm to slip in front of the steering wheel rim, between the rim and instrument panel. Simultaneously the airbag deployed, as the Mercury's wheel shagged, striking her right elbow causing an abrasion and the fracture to the proximal ulna. The movement of the airbag out of the module drove her forearm against the steering wheel rim causing the distal radius fracture. Her right forearm was being driven up toward the roof at this point in time. The airbag deployed fully and restrained the driver's upper body.

According to the driver, the airbag did not deploy as it should. She stated that there was only about two inches of the bag out from the module cover and it was yellow in color. After a thorough investigation and examination of the airbag, no evidence could be found to support her contention.

## **HUMAN FACTORS/OCCUPANT DATA - VEHICLE #2**

### **Driver**

Age:	24 years old
Sex:	Female
Height:	65.5 inches
Weight:	135 lbs.
Occupation:	Research engineer
Active Restraint Usage:	Lap and torso belt
Source of Usage:	PAR and inspection
Injury:	Contusion left thigh Strained neck Lumbar strain

### **ATTACHMENTS**

- Police Accident Report
- Airbag Accident and Person Level Form
- Medical Records for Driver of Airbag Vehicle
- Photographic Index and Photographs

**MEDICAL RECORDS**  
**FOR**  
**DRIVER OF AIRBAG VEHICLE**

ACCT. NO.	
CLINIC	
CLASS	05
PATIENT TYPE	003

# EMERGENCY DEPARTMENT AND OUTPATIENT REGISTRATION FC3, NS-1

REGISTRATION DATE	TIME
01	1151
O/P CLINIC DESCRIPTION	
EMERGENCY ROOM	

PATIENT NAME- LAST, FIRST MI	MR	SEX	F	MARITAL STATUS	M	AGE	61Y	DATE OF BIRTH	11/28	ADDITIONAL NAME	
STREET ADDRESS		CITY/STATE		TX		ZIP		CO		CO	
HOME PHONE	SOC SEC. NO.	INFORMANT	SELF	RELIGION CODE	NAME OF CHURCH		REL. INFO.	VAL. COLL.	1	N	
EMPLOYER NAME AND ADDRESS		EMPLR. CODE	OCCUPATION		INST A590C		BUSINESS PHONE				
EMERGENCY NOTIFICATION		RELATIONSHIP	HUSBAND		ADDRESS AND PHONE		TX		SAME		
CHIEF COMPLAINT		ATTENDING DOCTOR NUMBER AND NAME									
PREV. ADMIT DATE	05	UNDER WHAT NAME	SAME		REFERRING DOCTOR NAME		ADMITTED BY INITIAL		DC		
LAB		RESULTS		RESULTS		X-RAY		RESULTS			
CBC	WBC	H/H	Plats	UA	RBC <sub>2</sub>	WBC <sub>2</sub>	Skull				
SMA7	Na	K	Cl	DIP/SEND			C - Spine				
	CO <sub>2</sub>	Bun	Glu	Creat			T - Spine				
EKG			Amylase				L - Spine				
CXR			LFTs		Alk Phos	AST	Pelvis				
CPK					Bili	Alt	KUB				
SMA12			Serum Preg				↑ ABD				
OTHER ORDERS		MONITOR		O <sub>2</sub>	liters	TILT	Old Chart				

IV

XRAY ② ELBOW / FOREARM / WRIST

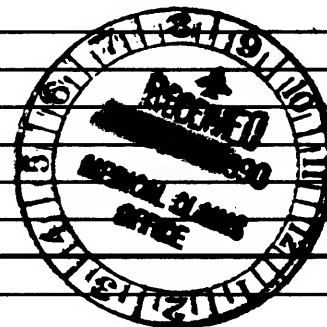
VS 12/20-98 5-112-20

ALLERGIES NKDA

LAST TETANUS

61 yo w/f involved in an mva today on [REDACTED]. Auto damaged on the drivers front end. No loc or head or chest trauma. Was wearing seat belt. Injured right forearm-- thinks it is broken. No other complaints. No n/v or abd pain. NKDA. No meds

EXAM--Upset and complaining of right arm pain. HEENT--NC/AT, EOMI, ENT clear; NECK supple, with from. nontender. Lungs clear, no chest tenderness. COR--Reg without m/g/r; ABD--soft, nt, nl bs, no hsm. EXT--6cm abrasion right elbow. Sig swelling of right elbow and proximal forearm assoc with tenderness. Wrist and hand appears to be normal. Neurovascular intact.



IMPRESSION 1) Fx Elbow / Wrist

2)

## PROCEDURE

DISPOSITION: HOME ADMIT OBSERVATION N.H. AMA EXPIRED TRANSFER OTHER

CONDITION: Improved Stable Ambulatory Coherent Other

MD SIGNATURE 1) 2) 3)

Estimated time off work

FOLLOW UP RECOMMENDATION

T<sub>1</sub> T<sub>2</sub> M<sub>1</sub> M<sub>2</sub>

I understand and agree to follow up care

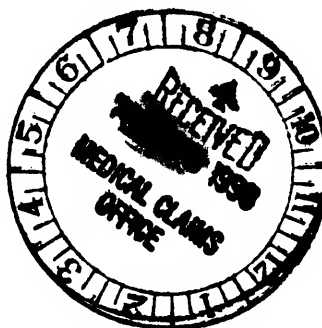
REQ DT: [REDACTED] 759 EXAM DT: [REDACTED] 90 1245 \*\*\* RADIOLOGY \*\*\*  
PT: [REDACTED] 61Y F [REDACTED]  
ATT MD: [REDACTED] RAD: [REDACTED]  
ORD #: 0001 WRIST RIGHT, RIGHT FOREARM XR: [REDACTED]

CLINICAL INFORMATION: MVA.

STANDARD RADIOGRAPHS FOR EVALUATION OF THE RIGHT WRIST, RIGHT ELBOW, AND RIGHT FOREARM REVEAL AN OBLIQUE ESSENTIALLY NONDISPLACED FRACTURE INVOLVING THE DISTAL RADIAL METAPHYSIS WITHOUT GOOD EVIDENCE OF EXTENSION INTO THE DISTAL EPIPHYSIS OR RADIAL-CARPAL JOINT SPACE. IN ADDITION AN OBLIQUE FRACTURE THROUGH THE PROXIMAL ULNAR EXTENDING INTO THE HUMERAL-ULNAR JOINT SPACE IS NOTED WITHOUT MAJOR DISPLACEMENT OF THE FRACTURE FRAGMENTS. THE REMAINING OSSEOUS STRUCTURES APPEAR INTACT.

CONCLUSIONS: FRACTURES OF THE DISTAL RIGHT RADIUS AND PROXIMAL ULNAR AS DESCRIBED.

DD: [REDACTED] 70



## EMERGENCY DEPARTMENT NURSES' RECORD

DATE           90          PUPIL  
SIZE in MM

2 3 4 5 6 7 8 9

## MOTOR FUNCTION

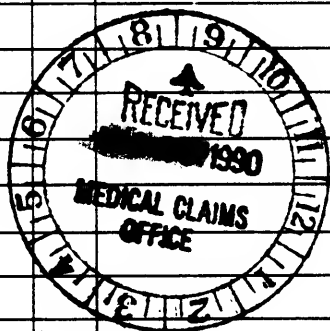
- 5 - Normal Power  
4 - Slight Weakness  
3 - Weak but can overcome gravity  
2 - Cannot overcome gravity  
1 - Flicker of muscle but no movement  
0 - No Movement

ER #                     NAME                     

## SYSTEMS REVIEW ON ADMISSION AND MEDICATIONS

CURRENT MEDS	ALLERGIES	NECK	BACK
<u>0</u>	<u>NYDA</u>		
	TETANUS STATUS	CHEST	ARMS <u>(R) FOREARM</u>
	HEAD		
	EARS	ABDOMEN	LEGS
	EYES		
PRIVATE PHYSICIAN	NOSE	G.U.	HANDS
<u>                    </u>	MOUTH		
	THROAT	OTHER	FEET

TIME	B/P	T	P	R	PROCEDURES	REMARKS
1215	182/80	98.5	112	20		6140 WQ AMBUL INTO ER. PT INVOLVED IN MVA, C/O <u>(R) FOREARM PAIN, ARM IN SLING PTA IN ER. PT C GOOD MUMNT OF DIGITS + STRONG PULSE. PT DENIES ANY OTHER INJ. PT REFUSED AMB. TRANSPORT &amp; DROVE HERSELF HER. WANTS HER DR. CALLED</u>
1219						<u>PT TO XRAY: (R) FOREARM / WRIST &amp; ELBOW</u>
1255						<u>Extern. leg. <u>                    </u> DT O. SCC IM <u>(L) Deltoid</u> 1-92</u>
1340						<u>Exam <u>                    </u> cleaned (R) Elbow C H<sub>2</sub>O<sub>2</sub> And APPLIED NEOSOLIN And KONTAK WRIST IMMOBILIZER TO (R) WRIST And SLING</u>
1403						<u>u. length <u>                    </u></u>



TIME ME NOTIFIED

DISPOSITION OF VALUABLES:

CLOTHES:

TIME POLICE NOTIFIED

DENTURES:

RINGS:

NECKLACE:

TIME MIN NOTIFIED

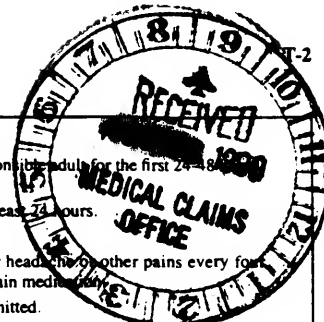
GLASSES:

WATCH:

WALLET/BURSE:



## EMERGENCY DEPARTMENT

☐ **SPRAINS:**

1. Sprains are ligament injuries with tearing and/or stretching. Ligaments are bands that hold bones together at a joint. Some ligament injuries can be very serious.
2. The treatment of a sprain consists of resting the injured area, (ace bandage, crutches, splints, casts, slings, etc.) elevation of the injured part if possible, and using intermittent cold packs to reduce swelling while being careful to avoid frostbite.
3. Minor sprains usually clear up in a few days. Persistent pain and swelling means that reevaluation may be necessary. The exact extent of a ligament injury is more apparent on follow-up examinations. Some hairline fractures are not visible on initial x-rays. Repeat x-rays after a week may be needed. This is especially true in the wrist where occult fractures are common.
4. With most sprains, do not resume strenuous activities until symptom free or until the orthopedist approves.

☐ **FRACTURES:**

1. The principles of elevation, rest and intermittent cold application still apply.
2. Follow-up with the orthopedist is very important.
3. If a cast has been applied, avoid getting it wet.
4. If a part becomes pale or numb, or if there is marked increase in pain, then circulation might be impaired. This is a complication of casts. Because of this, some fractures are splinted initially and receive a circular cast later when the swelling is less. If there is a question of circulatory compromise, then contact your doctor or return to the emergency department promptly.

☐ **BRUISES:**

1. Severe bruises can be helped by rest, elevation and intermittent ice application as with sprains.
2. Frequently, bruises become more prominent several days after an accident.

☐ **HEAD INJURY WARNINGS:**

- Careful observation of the patient by a responsible adult for the first 24-48 hours at least, is very important.
1. Avoid strenuous physical activity for at least 72 hours.
  2. Light diet for 24 hours.
  3. Aspirin or substitute (Tylenol, etc.) for headache or other pains every four hours as needed. No alcohol or strong pain medication.
  4. Ice bag to bruises, intermittently, is permitted.
  5. Allow patient to sleep if he desires, but check him periodically for the first 24-48 hours.
  6. Headache and dizziness occur after any head injury, usually lasting only a few days.

☐ **SEE YOUR PHYSICIAN FOR ANY OF THE FOLLOWING:**

1. Mental confusion, increasing drowsiness, difficulty arising.
2. Persistent or projectile vomiting, stiff neck, fever.
3. Loss of balance, difficulty walking, weakness of arms or legs, loss of sensation anywhere.
4. Persistent blurring of vision, pupils of different sizes.
5. Persistent or worsening headache.
6. Bloody or clear fluid from nose or ears.
7. Convulsions (fits), loss of consciousness, unusual restlessness, or agitation.

☐ **MEDICATION WARNINGS:**

1. Any medication can cause a reaction or adverse side-effect and is usually impossible to foretell except by history. Think carefully when asked and read the names of drugs you receive.
2. Read label warnings and instructions when prescription is filled.
3. Report all suspected problems to a doctor and stop taking drug immediately.
4. Drowsiness ☒ Upset stomach ☒ Other ☐

**NOTIFY DOCTOR OR NURSE IF YOU HAVE EVER HAD A PROBLEM WITH THAT DRUG OR ANY DRUG IN THE PAST.**

Because of the number of instructions you may receive and the stress frequently associated with coming to the emergency department, it may be difficult to recall everything you are told.

These general instructions are intended to answer several commonly asked questions and to give you brief notes to remind you of your instructions. They are not all-inclusive and are not a substitute for good follow-up as recommended. It is sometimes not possible to recognize and treat all problems associated with an illness or injury in a single emergency room visit. Thus, follow-up care is important.

Please bring this sheet with you whenever you return in order to help us locate your original medical record.

MEDS: \_\_\_\_\_

**GENERAL INSTRUCTIONS:** Call or return to the emergency department if questions arise.

\_\_\_\_\_ For further evaluation, follow-up with your personal physician or the following type of physician: \_\_\_\_\_

\_\_\_\_\_ Other instructions: \_\_\_\_\_

**You have a fractured wrist and elbow.**

**Keep the arm elevated as much as possible.**

**See instructions above.**

**Keep abrasion clean with betadine/peroxide and then put light coat of neosporin on it.**

**Wear splint/sling at all times.**

**See Dr. [redacted] next week as planned.**

**Darvocet for pain as directed. Be careful, it may make you drowsy.**

**Call if you have any problems**

Estimated time off work \_\_\_\_\_ days. Estimated time of work restriction \_\_\_\_\_ days.  
Follow-up is recommended for persistent disabilities.

I understand and agree to the recommended follow-up care.

Patient \_\_\_\_\_

Explained by \_\_\_\_\_ doctor \_\_\_\_\_ nurse \_\_\_\_\_ other.

Signature (patient, parent or guardian) \_\_\_\_\_

Doctor \_\_\_\_\_

Explained to \_\_\_\_\_ patient \_\_\_\_\_ family \_\_\_\_\_ other.

Please note that most insurance companies pay for accident-related emergency room visits but usually do not pay for illness-related visits.

**POLICE  
ACCIDENT  
REPORT**

TEXAS PEACE OFFICER'S ACCIDENT REPORT ST-3 (EH, 1/1/90)

MAIL TO: Texas Department of Public Safety, Statistical Services, Box 4087, Austin 78773-0001

PLACE WHERE ACCIDENT OCCURRED		CITY OR TOWN		LOC. NO.	
COUNTY		CITY OR TOWN		DO NOT WRITE IN THIS SPACE	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES NORTH S E W OF		OPS NO.	
ROAD ON WHICH ACCIDENT OCCURRED		ROUTE NUMBER OR STREET CODE		LOC.	
INTERSECTING STREET OR RR X'ING NUMBER		ROUTE NUMBER OR STREET CODE		CODE SEVERITY	
NOT AT INTERSECTION		SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		TYPE	
DATE OF ACCIDENT		HOUR		FAT. REC. OR REC.	

UNIT NO. 1 - MOTOR VEHICLE		VEH. IDENT. NUMBER		YEAR	
COLOR & MAKE		MODEL		BODY STYLE	
DRIVER'S NAME		O.D.B.		RACE	
DRIVER'S LICENSE		SEX		OCCUPATION	
LESSEE		OWNER		PEACE OFFICER OR FIRE FIGHTER ON EMERGENCY?	
LIABILITY		INSURANCE		VEHICLE DAMAGE RATING	

UNIT NO. 2 - MOTOR VEHICLE		VEH. IDENT. NUMBER		YEAR	
COLOR & MAKE		MODEL		BODY STYLE	
DRIVER'S NAME		O.D.B.		RACE	
DRIVER'S LICENSE		SEX		OCCUPATION	
LESSEE		OWNER		PEACE OFFICER OR FIRE FIGHTER ON EMERGENCY?	
LIABILITY		INSURANCE		VEHICLE DAMAGE RATING	

DAMAGE TO PROPERTY OTHER THAN VEHICLES			
OBJECT			
NAME AND ADDRESS OF OWNER		FEET FROM CURB	
DAMAGE ESTIMATE			
OBJECT			
NAME AND ADDRESS OF OWNER		FEET FROM CURB	
DAMAGE ESTIMATE			

LIGHT CONDITION	WEATHER	SURFACE CONDITION	TYPE ROAD SURFACE	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST 6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-DRY 2-WET 3-MUDDY 4-SNOWY/ICY 5-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	Dry Concrete

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED		CITATION NUMBER	
NAME	CHARGE	CITATION NUMBER	
NAME	CHARGE	CITATION NUMBER	

TIME NOTIFIED OF ACCIDENT	DATE	TIME	HOW	TIME ARRIVED AT SCENE OF ACCIDENT	DATE	TIME	HOW
TYPED OR PRINTED NAME OF INVESTIGATOR				DATE REPORT MADE			
SIGNATURE OF INVESTIGATOR				ID NO.			
DEPARTMENT				DIST./AREA			

<b>CODE FOR TYPE SPECIMEN TAKEN FOR ALCOHOL/DRUG ANALYSIS</b> A-Breath B-Blood C-Other N-None R-Refused	<b>CODE FOR TYPE RESTRAINT USED</b> A-Seat Belt & Shoulder Strap B-Seat Belt & No Shoulder Strap C-Child Restraint D-Air Bag Deployed E-Shoulder Strap Only N-None	<b>CODE FOR INJURY SEVERITY (Use only the most serious one in each space for injury.)</b> X-Killed A-Incapacitating Injury - Severe injury which prevents continuation of normal activities. Includes broken or distorted limbs, internal injuries, crushed chest, etc. B-Nonincapacitating Injury - Evident injury such as bruises, abrasions, minor lacerations which do not incapacitate. C-Possible Injury - Injury which is claimed, reported or indicated by behavior, but without visible wounds. Includes limping, momentary unconsciousness or complaint of pain. N-Not Injured
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UNIT NO. 1 DAMAGE RATING <b>LP 4</b>	VEHICLE REMOVED TO <b>Service</b> BY <b>Service</b>
---	--

Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
1	DRIVER	See Front			N	-	A+D	61	F	B
2										
3										
4										
5										
6										

UNIT NO. 2 (Complete only if Unit No. 2 was a motor vehicle) DAMAGE RATING <b>BR 4</b>	VEHICLE REMOVED TO <b>Service</b> BY <b>Service</b>
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Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS	TYPE SPECIMEN TAKEN	RESULT	TYPE RESTRAINT USED	AGE	SEX	INJURY CODE
7	DRIVER	See Front			N	-	A	24	F	N
8										
9										
10										
11										
12										

## COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

Item No.	PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS	TYPE SPECIMEN TAKEN	RESULT	AGE	SEX	INJURY CODE
13								
14								

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER
1	Going to Family Doctor	Private Vehicle			

<b>INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)</b> Veh #2 NB on [redacted] in left lane. Veh #1 Driver NO also. Veh #1 operator looked away, looked back and noticed Veh #2 was slowing. operator of Veh #1 attempted to stop, skidded sideways. L.P. of Veh #1 struck BR of Veh #2. LFQ of Veh #2 was knocked into guard rail. minor damage to LFQ of Veh #2. no damage to guard rail.	<b>DIAGRAM</b> <input type="checkbox"/> ONE WAY <input type="checkbox"/> TWO WAY <input checked="" type="checkbox"/> DIVIDED INDICATE NORTH 
--	--

## FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

## FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1	44	2	3
UNIT 2	1		2	3

## OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	20	2
UNIT 2	1		2

0-NO CONTROL OR INOPERATIVE  
 1-OFFICER OR FLAGMAN  
 2-STOP AND GO SIGNAL  
 3-STOP SIGN  
 4-FLASHING RED LIGHT

**TRAFFIC CONTROL**  
 5-TURN MARKS  
 6-WARNING SIGN  
 7-RR GATES OR SIGNALS  
 8-YIELD SIGN  
 9-CENTER STRIPE OR DIVIDER

10-NO PASSING ZONE  
 11-OTHER CONTROL

0

- Animal on Road - Domestic
- Animal on Road - Wild
- Backed Without Safety
- Changed Lane When Unsafe
- Defective or No Headlamps
- Defective or No Stop Lamps
- Defective or No Tail Lamps
- Defective or No Turn Signal Lamps
- Defective or No Trailer Brakes
- Defective or No Vehicle Brakes
- Defective Steering Mechanism
- Defective or Slick Tires
- Defective Trailer Hitch
- Disabled in Traffic Lane
- Disregarded Stop and Go Signal
- Disregarded Stop Sign or Light
- Disregarded Turn Marks at Intersection
- Disregarded Warning Sign at Construction

- Distraction in Vehicle
- Driver Inattention
- Drove Without Headlights
- Failed to Control Speed
- Failed to Drive in Single Lane
- Failed to Give Half of Roadway
- Failed to Head Warning Sign
- Failed to Pass to Left Safely
- Failed to Pass to Right Safely
- Failed to Signal or Gave Wrong Signal
- Failed to Stop at Proper Place
- Failed to Stop for School Bus
- Failed to Stop for Train
- Failed to Yield ROW - Emergency Vehicle
- Failed to Yield ROW - Open Intersection
- Failed to Yield ROW - Private Drive
- Failed to Yield ROW - Stop Sign
- Failed to Yield ROW - To Pedestrian

- Failed to Yield ROW - Turning Left
- Failed to Yield ROW - Turn on Red
- Failed to Yield ROW - Yield Sign
- Fatigued or Asleep
- Faulty Evasive Action
- Fire in Vehicle
- Fleeing or Evading Police
- Followed too Closely
- Had Been Drinking
- Handicapped Driver (Explain in Narrative)
- ILL (Explain in Narrative)
- Impaired Visibility (Explain in Narrative)
- Improper Start From Parked Position
- Load Not Secured
- Opened Door into Traffic Lane
- Overize Vehicle or Load
- Overtake and Pass Insufficient Clearance
- Parked and Failed to Set Brakes
- Parked in Traffic Lane

- Parked Without Lights
- Passed in No Passing Zone
- Passed on Right Shoulder
- Pedestrian Failed to Yield ROW to Vehicle
- Speeding - Unsafe (Under Limit)
- Speeding - Over Limit
- Taking Medication (Explain in Narrative)
- Turned Improperly - Cut Corner on Left
- Turned Improperly - Wide Right
- Turned Improperly - Wrong Lane
- Turned When Unsafe
- Under influence - Alcohol
- Under influence - Drug
- Wrong Side - Approach or in Intersection
- Wrong Side - Not Passing
- Wrong Way - One Way Road
- Other Factor (Write in on Line Below)

**AIRBAG ACCIDENT  
AND  
PERSON LEVEL FORM**

## AIRBAG ACCIDENT LEVEL FORM

(Leave Unknowns Blank)

Log Number 9 0 0 2 A BAccident State Texas

Accident Date

Month [REDACTED] (January = 01, February = 02, etc.)Day of Month [REDACTED]Year 9 0Investigating Team [REDACTED]

Fleet Vehicle 6 1 - 73' Chev, Volvo, or 72' Merc, \_\_\_\_\_  
 2 - No., 3 - Insurance Fleet,  
 4 - GSA Fleet, 5 - Police Fleet,  
 6 - Other Corporate private fleet)

Did Airbag car require towing 1 (1 = yes; 2 = no)Did airbag deploy? 1 (1 = yes; 2 = no; 3 = inadvertent)Model Year-Vehicle Make 9 0 1 4 0 0 6 (NASS Make/Model Co)

		EVENT #	DEPLOY Y/N
CDC	1	<u>1 1 L P A W 4</u>	<u>1</u>
(rank	2	<u>— — — — —</u>	<u>—</u>
by	3	<u>— — — — —</u>	<u>—</u>
severity)			

Highest AIS in Airbag car 2Delta-V of principal damage to Airbag car 1 2 . 9 (Deployment Event)Object struck by Airbag car 1989 Chev Beretta 0 2Driver age in Airbag car 0 6 1Number of front seat occupants in Airbag car 1Number of belted front seat occupants in Airbag car 1Type of Investigation S (R=Remote; S = On-Site)

## AIRBAG PERSON LEVEL FORM

(Complete one form for each person in Airbag car)

Log Number 9002ABOccupant Number 01

(Assigned by coder for each Airbag car; 01, 02,...based on seat position)

Occupant's age in years 061Seating position 1

1 left

2 center 1 First person in center is 2

3 center 2

4 right

In which seat was the occupant? 1 (1 = front, 2 = back)Was the occupant wearing a belt restraint? 1 (1 = yes, 2 = no)Was the occupant killed? 1 (1 = Not killed, 2 = killed)

S.S. SECTION	OIC	INJURY SOURCE	DIRECT/ INDIRECT	SOURCE OF DATA	
<u>5</u>	<u>1 R R F S 2</u>	<u>45</u>	<u>1</u>	<u>03</u>	(Use NASS '88 Coding)
<u>5</u>	<u>2 R R F S 2</u>	<u>04</u>	<u>1</u>	<u>03</u>	
<u>6</u>	<u>3 E R A I 1</u>	<u>45</u>	<u>1</u>	<u>03</u>	
<u>—</u>	<u>4 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>5 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>6 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>7 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>8 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>9 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>10 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>11 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	
<u>—</u>	<u>12 — — — —</u>	<u>— —</u>	<u>— —</u>	<u>— —</u>	

(if no injuries, enter 0 for first AIS and leave the rest of the OIC's blank)

**PHOTOGRAPHIC INDEX**  
**AND**  
**PHOTOGRAPHS**



## **PHOTOGRAPHIC INDEX**

**CASE NO. 9002AB**

<b><u>Photo No.</u></b>	<b><u>Description of Subject Matter</u></b>
1.	Scene in direction of vehicle travel
2.	Scene in direction of vehicle travel
3.	Scene in direction of vehicle travel
4.	Scene against direction of vehicle travel
5.	Impact area on median barrier
6.	Exterior damage to airbag vehicle
7.	Exterior damage to airbag vehicle
8.	Exterior damage to airbag vehicle
9.	Exterior damage to airbag vehicle
10.	Interior of airbag vehicle
11.	Interior of airbag vehicle
12.	Interior of airbag vehicle
13.	Module cover bottom
14.	Module cover top
15.	Steering wheel rim
16.	Airbag. Note that the bag had been stuffed into module after deployment
17.	Airbag
18.	Airbag
19.	Interior of airbag vehicle

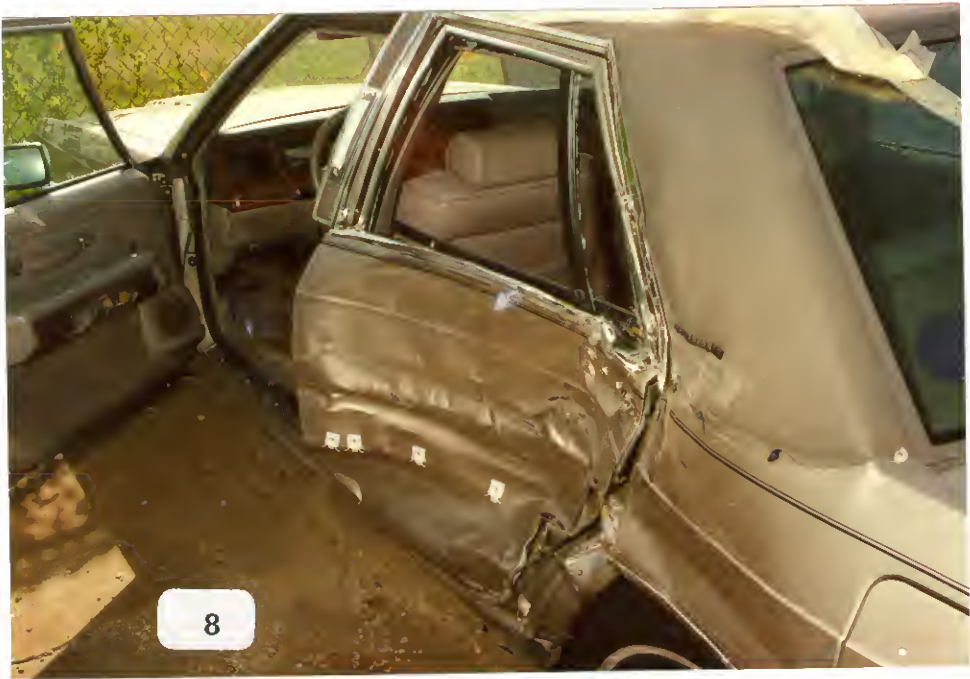
<b>Photo No.</b>	<b><u>Description of Subject Matter</u></b>
20.	Interior of airbag vehicle
21.	Interior of airbag vehicle
22.	Interior of airbag vehicle
23.	Interior of airbag vehicle
24.	Note loading ripples in belt webbing
25.	Intrusion in rear seat
26.	Exterior of vehicle 2
27.	Exterior of vehicle 2
28.	Exterior of vehicle 2
29.	Exterior of vehicle 2
30.	Exterior of vehicle 2
31.	Exterior of vehicle 2
32.	Exterior of vehicle 2
33.	Exterior of vehicle 2
34.	Exterior of vehicle 2
35.	Interior of vehicle 2

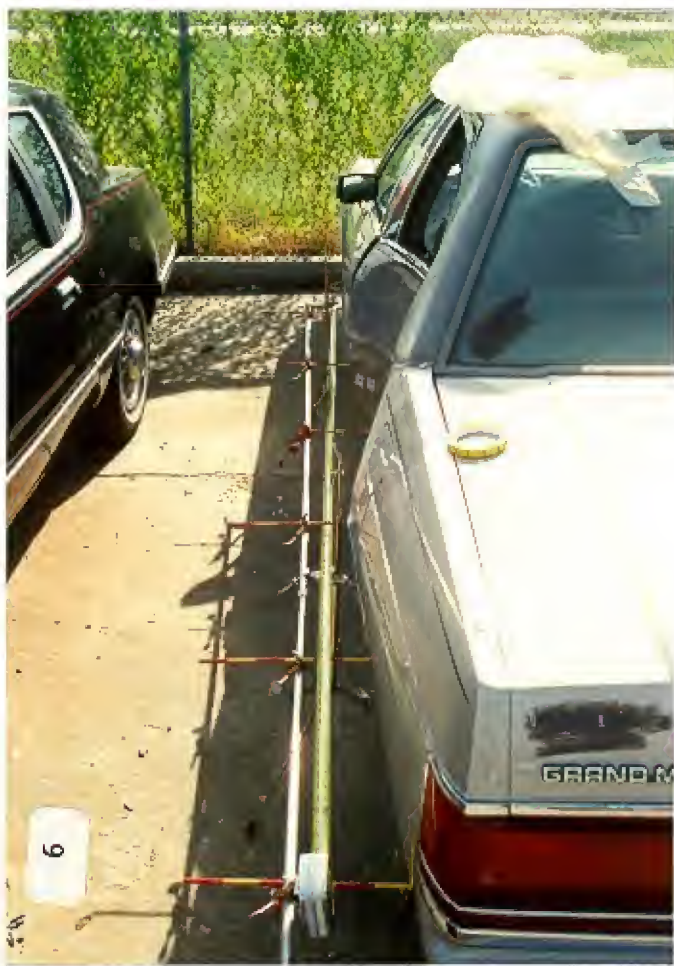




















15



16







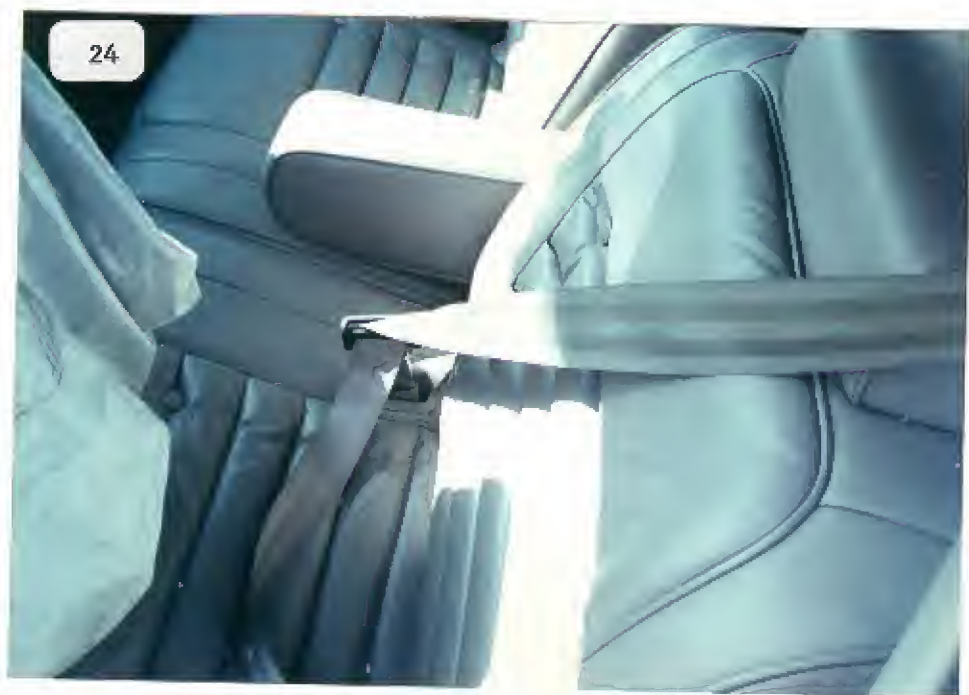


21

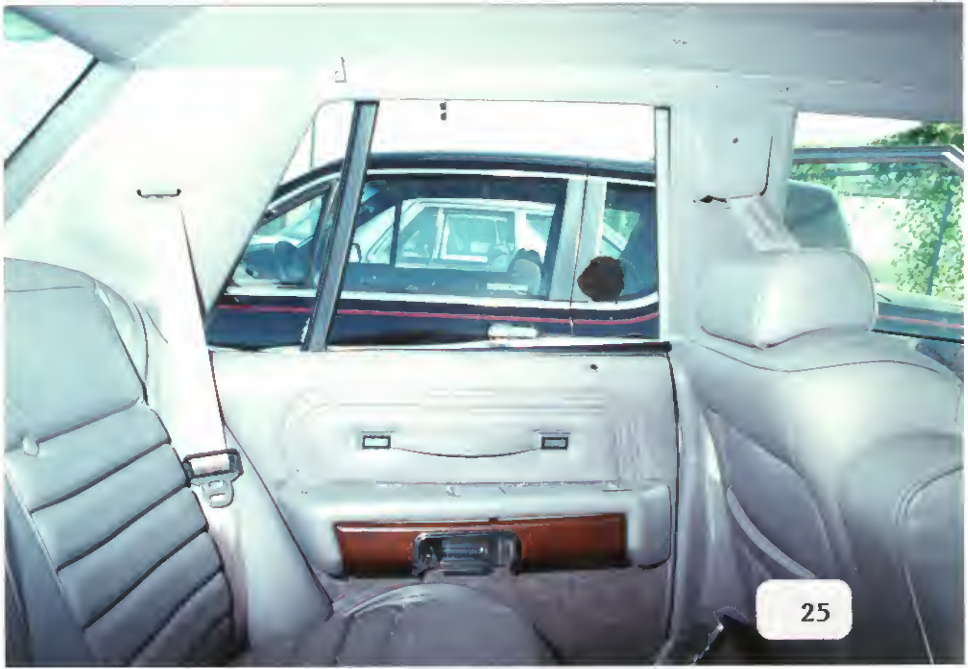


22























35